COUNTY DEPARTMEN PHONE NUMBER		HEALTH & HUMAN SERVICES AGENCY				CONTACT PERSO		LORI JONES	
		(619) 293-47	55 MAILS	MAILSTOP P501C		FAX NUMBER		(619) 296-2688	
MEMBER NAME	Awa, Er	nie							
APPOINTMENT	5/10/200	5 <i>MO</i>	# 10	EXPIRATIO	ON .	6/30/2008	TERM	SEE FACTS	
NOMINATED BY	DIRECT	OR OF HHSA		APPOINTE	D BY	Board of Superv	risors		
REQUIREMENT				COMMENT	'S	Term begins Jul Representative	y 1, 2005.0	Community	
MEMBER NAME	Brosnar	n, Elizabeth							
APPOINTMENT	10/5/200	4 <i>MO</i>	# 7	EXPIRATIO	ON .	9/30/2007	TERM	SEE FACTS	
NOMINATED BY	Director Planning	of HHSA & Hea	alth Services	APPOINTE	D BY	Board of Superv	risors		
REQUIREMENT		•			'S	HIV Planning Council Representative.			
MEMBER NAME	Brown,	Tami							
APPOINTMENT	4/17/200	7 <i>MO</i>	# 6	EXPIRATIO	ON .	4/30/2008	TERM	SEE FACTS	
NOMINATED BY	DIRECT	OR OF HHSA		APPOINTE	D BY	Board of Superv	visors		
REQUIREMENT	MEMBERS-ELECT		COMMENT	rs .	Members-Elect. Fax # 858-637-3021 1st appt, Term begins May 1, 2007				
MEMBER NAME	Bursaw	, Michael							
APPOINTMENT		MO	#	EXPIRATIO	ON .		TERM	SEE FACTS	
NOMINATED BY	DIRECT	DIRECTOR OF HHSA			D BY	Department of Health and Human Services Agency			
REQUIREMENT		MMUNITY EP	IDEMIOLOGY	COMMENT	S	Health Departm	ent Appoin	tees.	

 NOMINATED BY
 DIRECTOR OF HHSA
 APPOINTED BY
 Board of Supervisors

 REQUIREMENT
 MEMBERS-ELECT
 COMMENTS
 Members-Elect. 1st appt, Term begins May 1, 2007

EXPIRATION

4/30/2008

TERM

SEE FACTS

REPRESENTATIVE

MO#

6

Collin, Kevin

4/17/2007

MEMBER NAME

APPOINTMENT

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COUNTY DEPARTMEN	HEALTH & HUMA	N SERVICES AGE	NCY	CONTACT PERSO	LORI JONES
PHONE NUMBER	(619) 293-4755	MAILSTOP	P501C	FAX NUMBER	(619) 296-2688

MEMBER NAME	Crow, Katherin	е					
APPOINTMENT	5/10/2005	<i>MO</i> #	10	EXPIRATION	6/30/2008	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT				COMMENTS	Term begins Representativ		Community
MEMBER NAME	Flores, Catrina						
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2010	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT				COMMENTS	Community Representative. Fax # 619-692-0478 1st appt, Term begins May 1, 2007		
MEMBER NAME	Garcia, Felipe						
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	9/30/2010	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT		COMMENTS Community Representation 0478 Re-appt (2nd term), 2007					
MEMBER NAME	Giancola, Mich	ael					
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2008	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT	MEMBERS-ELE	ECT		COMMENTS Members-Elect. Fax # 619-298-0177 1s appt, Term begins May 1, 2007			
MEMBER NAME	Gonzalez-Gard	cia, Carolina	a				
APPOINTMENT	5/10/2005	<i>MO</i> #	10	EXPIRATION	6/30/2008	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT				COMMENTS	Term begins Representativ		Community

COUNTY DEPA	ARTMEN HEAL	TH & HUM	AN SERVICES	S AGENCY	CONTACT PERS	SO LORI	JONES	
PHONE NUMBER		(619) 293-4755		TOP P501C	FAX NUMBER	(619)	(619) 296-2688	
MEMBER NAME	Harris, Joselyn							
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2010	TERM	SEE FACTS	
NOMINATED BY	Director of HHS	A		APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT	SEE FACTS			COMMENTS	Community Rebegins May 1,		e. 1st appt, Term	
MEMBER NAME	Herbstritt, Kim							
APPOINTMENT	8/1/2006	<i>MO</i> #	10	EXPIRATION	7/31/2009	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT				COMMENTS	Community Re 1, 2006.	epresentative	e.Term begins Au	
MEMBER NAME	James, Geneva	a						
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2010	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT				COMMENTS	Community Rebegins May 1,	epresentative 2007	e.1st appt, Term	
MEMBER NAME	Jones, Lori							
APPOINTMENT		<i>MO</i> #		EXPIRATION		TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Department of Agency	Health and	Human Services	
REQUIREMENT	OFFICE OF AID	S COORDI	INATION	COMMENTS	Health Departr Lauren Farber		tees. Replaced 9/12/06	
MEMBER NAME	Kua, John							
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2010	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Supe	rvisors		

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COMMENTS

Community Representative. Fax # 619-278-0990 1st appt, Term begins May 1, 2007

REQUIREMENT

COUNTY DEPARTMEN	HEALTH & HUMAN SERVICES AGENCY	CONTACT PERSO	LORI JONES
• • • • • • • • • • • • • • • • • • • •			

PHONE NUMBER (619) 293-4755 MAILSTOP P501C FAX NUMBER (619) 296-2688

-								
MEMBER NAME	Lecklitner, Lou	ise						
APPOINTMENT	3/19/2004	<i>MO</i> #		EXPIRATION		TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Director, Health and Human Services Ag			
REQUIREMENT	ALCOHOL & DRUG SERVICES REPRESENTATIVE			COMMENTS	Replaces John Oldenkamp- Jean Shepar appointee. Health Department Appointee			
MEMBER NAME	Morse, Jaimie							
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2010	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Supe	ervisors		
REQUIREMENT				COMMENTS	Community R begins May 1		e. 1st appt, Term	
MEMBER NAME	Nelson, Lisa							
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2008	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Supe	ervisors		
REQUIREMENT	MEMBERS-ELECT			COMMENTS	Members-Elect. Fax # 760-414-3736 1st appt, Term begins May 1, 2007			
MEMBER NAME	Ochoa, Rosem	ari						
APPOINTMENT	8/1/2006	<i>MO</i> #	10	EXPIRATION	7/31/2009	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Supe	ervisors		
REQUIREMENT				COMMENTS	Term begins Aug. 1, 2006. Community Representative.			
MEMBER NAME	Paul, Deborah							
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2010	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Supervisors			
REQUIREMENT				COMMENTS	Community R 5924 1st appt		e. Fax # 619-702- s May 1, 2007	

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COUNTY DEPARTMEN	HEALTH & HUMAN SERVICES AGENCY	CONTACT PERSO	LORI JONES

PHONE NUMBER (619) 293-4755 **MAILSTOP** P501C **FAX NUMBER** (619) 296-2688

MEMBER NAME	Pierce, Elaine, MD, MPH				
APPOINTMENT	<i>MO</i> #	EXPIRATION	TERM SEE FACTS		
NOMINATED BY	DIRECTOR OF HHSA	APPOINTED BY	Department of Health and Human Services Agency		
REQUIREMENT	Office of Public Health STD Division	COMMENTS	HHSA Appointees.Fax #: 619-296-2607. Replaced Dr. Robert Gunn . 11/15/07		
MEMBER NAME	Rafus, C. Wayne				
APPOINTMENT	8/1/2006 <i>MO#</i> 10	EXPIRATION	7/31/2009 <i>TERM</i> SEE FACTS		
NOMINATED BY	DIRECTOR OF HHSA	APPOINTED BY	Board of Supervisors		
REQUIREMENT		COMMENTS	Community Representative. Term begins Aug. 2006.		
MEMBER NAME	Sipan, Carol				
APPOINTMENT	<i>MO</i> #	EXPIRATION	TERM SEE FACTS		
NOMINATED BY	GRADUATE SCHOOL OF PUBLIC HEALTH NOMINEE	APPOINTED BY	Board of Supervisors		
REQUIREMENT		COMMENTS	Community Representative. SDSU-GSPH appointee.		
MEMBER NAME	Stankus, Jan				
APPOINTMENT	4/17/2007 <i>MO</i> # 6	EXPIRATION	4/30/2008 <i>TERM</i> SEE FACTS		
NOMINATED BY	DIRECTOR OF HHSA	APPOINTED BY	Board of Supervisors		
REQUIREMENT	MEMBERS-ELECT	COMMENTS	Members-Elect. Fax # 619-325-3534 1st appt, Term begins May 1, 2007		
MEMBER NAME	Suarez, Micha				
APPOINTMENT	4/17/2007 <i>MO</i> # 6	EXPIRATION	4/30/2010 <i>TERM</i> SEE FACTS		
NOMINATED BY	DIRECTOR OF HHSA	APPOINTED BY	Board of Supervisors		
REQUIREMENT		COMMENTS	Community Representative. 1st appt, Term begins May 1, 2007		

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COUNTY DEPA	RTMEN HEAI	LTH & HUM	AN SERVICES A	GENCY	CONTACT PERS	O LORI	JONES	
PHONE NUMBER (6		(619) 293-4755 <i>MAILSTO</i>		P P501C	FAX NUMBER	(619)	296-2688	
MEMBER NAME	VACANT							
APPOINTMENT	5/10/2005	<i>MO</i> #	10	EXPIRATION	6/30/2008	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Super	visors		
REQUIREMENT				COMMENTS	Sheri Kirshenba	aum resigne	ed 2/21/08	
MEMBER NAME	VACANT							
APPOINTMENT	5/10/2005	<i>MO</i> #	10	EXPIRATION	6/30/2008	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Super	visors		
REQUIREMENT	ENT			COMMENTS	Dan Uhler, Res	Dan Uhler, Resigned 7/10/07		
MEMBER NAME	Velasquez, Jo	rge						
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2010	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Super	visors		
REQUIREMENT				COMMENTS	Community Rebegins May 1, 2	presentative 2007	e. 1st appt, term	
MEMBER NAME	Wolter, Carl							
APPOINTMENT	8/1/2006	<i>MO</i> #	10	EXPIRATION	7/31/2009	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Super	visors		
REQUIREMENT				COMMENTS	Community ReAug. 1, 2006.	presentative	e. Term begins	
MEMBER NAME	Wooten, Wilma	a, MD						
APPOINTMENT		<i>MO</i> #		EXPIRATION		TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Director, Health	and Huma	n Services Agenc	

COMMENTS

HHSA Appointees.

REQUIREMENT

Public Health Services Appointee